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Date: January 11, 2006

To: U.S. Patent and Trademark Fax #: (571) 273-8300 Confirm#:
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Client Matter#: 26284-2802 (WYS-028.02)

From: Charlene A. Stern-Dombal Sender's Number: 617-832-1738 User #: 3607

Total Pages Sent (Including Cover Sheet): 4 Office: Boston

Message

Re: U.S. Patent Application No. 10/002,775

Filed: November 2, 2001

Inventor: Freeman et al.

Title: B7-4 Polypeptides and Uses Therefor (as Amended)

Our Ref.: WYS-028.02 (26284-2802)

Transmitted herewith are the following documents:

Transmittal Form (1 page);

Revocation of Power of Attorney with New Power of Attorney and Change of Address (1 page);

Statement under 37 CFR 3.73(b) (1 page); and

This fax cover sheet.

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PTO/SB/21 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

Application Number

10/002,775

RECEIVED

Filing Date

November 2, 2001

CENTRAL FAX CENTER

First Named Inventor

Freeman et al.

Art Unit

1644

JAN 1 2006

Examiner Name

I. Ouspenski

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Attorney Docket Number

WYS-028.02

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm

Foley Hoag, LLP

Signature



Printed Name

Charlene A. Stern-Dombal

Date

January 11, 2006

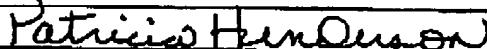
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature



Typed or printed name

Patricia Henderson

Date

January 11, 2006

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PTO/SB/06 (08-04)

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STATEMENT UNDER 37 CFR 3.73(b)

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Applicants/Patent Owners: Dana-Farber Cancer Institute, Inc.

Application No./Patent No.: 10/002775

Filed/Issue Date: November 2, 2001

Entitled: 87-4 Molecules and Uses Therefor

Dana-Farber Cancer Institute, Inc., Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or
2. an assignee of less than the entire right, title, and interest

The extent (by percentage) of its ownership interest is ____ %
in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office on January 2, 2001, Reel(s) 011433, Frame(s) 0571.

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

[NOTE: A separate copy (i.e., a true copy of the original document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08.]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

Pamela D. Arinello



Date

617-632-5492

Printed or Typed Name

Telephone Number

Patent Counsel

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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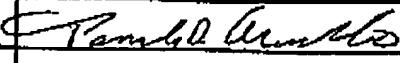
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/002775
	Filing Date	November 2, 2001
	First Named Inventor	Gordon Freeman
	Art Unit	1644
	Examiner Name	Ilia I. Ouspenski
Attorney Docket Number	WYS-028.02 (formerly GNN-004/ADV)	

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I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:		
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<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 25181		
OR <input type="checkbox"/> Firm or Individual Name <input type="checkbox"/> Address <input type="checkbox"/> City State ZIP <input type="checkbox"/> Country <input type="checkbox"/> Telephone Fax		
I am the:		
<input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>		
SIGNATURE of Applicant or Assignee of Record		
Signature		
Name	Pamela D. Arinello	
Date	January 9, 2006	Telephone 617-632-5492
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.		

 Total of 1 forms are submitted.

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